



FSA Work Sheet

Health Care FSA Worksheet

Use this worksheet to help you determine your Health Care FSA election amount. You may want to review receipts from last year for health care expenses you paid out of your own pocket. Using these receipts and the worksheet, you can estimate the amount you want to elect for the Health Care FSA. Only budget for those expenses eligible for reimbursement through the Health Care FSA. Remember, eligible expenses include those for you, your spouse and your dependents.

Deductibles

Medical, dental, vision	\$
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Copayments/coinsurance

The amount not paid by your health plan coverage	\$
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Amounts paid over plan limits

Over reasonable and customary allowance	\$
Over psychiatric limits	
Subtotal A	\$

Expenses NOT covered by Health Plan

Prescription drugs	\$
Vision care	\$
Dental/orthodontic care	\$
Treatments/therapies	\$
Fees/services	\$
Medical equipment	\$
Psychiatric care	\$
Assistance for the disabled	\$
Other eligible expenses	\$
Subtotal B	\$

Out-of-pocket Health Care Expenses

This gives you a good idea of the amount you should elect to place into your Health Care FSA. Consider any other factors that will affect your Out-of-pocket health care costs during the upcoming plan year and adjust the amount necessary	(Add Subtotals A + B) \$
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Note: The medical FSA election shall not exceed \$2,550.

Dependent Care FSA Worksheet

Use this worksheet to help determine your Dependent Care FSA election amount. The Dependent Care FSA allows you to use pre-tax dollars to pay for child care services that make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents or a disabled spouse or dependent. Note that the Dependent Care FSA is intended to cover costs of care and does not cover any medical or healthcare costs for your dependents.

Child Care Expenses

Day Care Center	\$
In-home Care	\$
Nursery and Pre-School	\$
After School Care	\$
Au Pair Services	\$
Summer Day Camps	\$

Elder Care Services

Day Care Center	\$
In-home Care	\$

Out-of-pocket Dependent Care Expenses

This total gives you an estimated amount that you should elect to place into your Dependent Care FSA. Remember, you'll avoid Social Security and Medicare taxes on the money you set aside.	\$
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Note: The individual dependent care total shall not exceed \$5,000 (\$2,550 in case of separate return by a married individual).